



Placement Strategies

Expense Report

____ Billable
____ Non-Billable

Associate

Name: _____
Position: _____
Phone: _____

Client

Client: _____
Manager: _____
Project: _____

Dates

From: _____
To: _____

Expenses

	Sun	Mon	Tue	Wed	Thur	Fri	Sat	
<i>Date</i>								<i>subtotal</i>
Airfare								
Hotel								
Breakfast								
Lunch								
Dinner								
Entertainment								
Rental Car								
Gas								
Taxi								
Parking								
Tolls								
Milage								
Phone								
Misc								
<i>Subtotal</i>								0.00
								Total

Details

Amount: _____ Purpose: _____
 Amount: _____ Purpose: _____
 Amount: _____ Purpose: _____
 Amount: _____ Purpose: _____
 Amount: _____ Purpose: _____

Signatures

Employee Signature Date Approval Signature Date

Printed Name Printed Name